

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Beltran, Milagros (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-1382 Henokea Street, Waipahu, Hawaii 96797	Inspection Date: May 10, 2017 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> SCG #1 – No documented evidence of initial tuberculosis clearance.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #1 had a prior skin test (TB) done on 7/25/16 and therefore, obtained a second TB skin test on 6/26/17 to satisfy a required 2 step, done within a year period. Copies of TB clearance enclosed.</p>	<p>6/26/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b></p> <ul style="list-style-type: none"> <li>• "Latanoprost 0.005% ophthalmic solution," not included on 10/7/2016 medication orders; however, eye drops still administered to Resident #1.</li> <li>• Resident #1 – "Tramadol Hcl 50 mg," on medication orders from 1/6/2017; however, not available as ordered by physician.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <ul style="list-style-type: none"> <li>• I acknowledge my failure to include latanoprost when updating meda on 10/7/16 office visit with MD, however, said medicine has been made available to the resident as ordered.</li> <li>• On 5/12/17 I requested MD for a refill order of Tramadol Hcl. MD recommended to bring the resident for reevaluation. Appt. was set for 6/6/17. MD ordered to discontinue Tramadol.</li> </ul>	<p style="text-align: right;">6/6/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g)  All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Medication orders from 5/11/2016 not reevaluated and signed until 10/7/2016.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I acknowledge that this omission cannot be fix as it is past due. On the next visit w/ MD on 10/7/16, MD reevaluated and signed all current medications accordingly.</p>	<p style="text-align: center;">10/7/16</p>

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Licensee's/Administrator's Signature: Milagros S. Beltran

Print Name: Milagros S. Beltran

Date: October 6, 2017